

NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE, MEDICAID COMMUNITY  
ALTERNATIVES PROGRAM (CAP) FEE SCHEDULE  
EFFECTIVE SEPTEMBER 1, 2005  
Updated August 05, 2005

| CAP/MR-DD (Mental Retardation Developmental Disabled) |                                                        |              |                   |
|-------------------------------------------------------|--------------------------------------------------------|--------------|-------------------|
| Procedure Code                                        | Service Description                                    | Billing Unit | Maximum Allowable |
| S5102                                                 | Adult Day Health Care Services                         | Day          | \$ 36.51          |
| V5336                                                 | Augmentative Communication Devices - Repairs/Service   | *            | *                 |
| T2028                                                 | Augmentative Communication Devices-Purchase            | *            | *                 |
| H2011                                                 | Crisis Services                                        | 15 Min       | \$ 6.04           |
| T2021HQ                                               | Day Support - Group (2 or more clients)                | 15 Min       | \$ 3.31           |
| T2021                                                 | Day Support - Individual                               | 15 Min       | \$ 5.94           |
| T1019                                                 | Enhanced Personal Care                                 | 15 Min       | \$ 5.00           |
| T1005                                                 | Enhanced Respite Care                                  | 15 Min       | \$ 5.00           |
| H2015HQ                                               | Home and Community Support - Group (2 or more clients) | 15 Min       | \$ 3.15           |
| H2015                                                 | Home and Community Support -Individual                 | 15 Min       | \$ 5.65           |
| S5165                                                 | Home Modifications                                     | *            | \$ 15,000.00      |
| S5110                                                 | Individual Caregiver Training and Education            | 15 Min       | \$ 9.00           |
| S5161                                                 | PERS                                                   | Month        | \$ 29.67          |
| S5125                                                 | Personal Care Services                                 | 15 Min       | \$ 3.60           |
| H0045                                                 | Respite Care - Institutional                           | Day          | \$ 222.96         |
| T1005TE                                               | Respite Care - Nursing Level LPN                       | 15 Min       | \$ 9.11           |
| T1005TD                                               | Respite Care - Nursing Level RN                        | 15 Min       | \$ 9.11           |
| S5150HQ                                               | Respite-Non Institutional Group (2-3 clients)          | 15 Min       | \$ 2.78           |
| S5150                                                 | Respite-Non Institutional Individual                   | 15 Min       | \$ 3.60           |
| T2025                                                 | Specialized Consultative Service                       | 15 Min       | \$ 18.75          |
| T1999                                                 | Specialized Equipment and Supplies                     | *            | *                 |
| H2025HQ                                               | Supported Employment - Group                           | 15 Min       | \$ 1.97           |
| H2025                                                 | Supported Employment - Individual                      | 15 Min       | \$ 7.61           |
| H2016                                                 | Residential Supports Level 1                           | Day          | \$ 102.33         |
| T2014                                                 | Residential Supports Level 2                           | Day          | \$ 125.45         |
| T2020                                                 | Residential Supports Level 3                           | Day          | \$ 145.17         |
| H2016HI                                               | Residential Supports Level 4                           | Day          | \$ 175.35         |
| T2001                                                 | Transportation                                         | *            | \$ 1,200.00       |
| T2039                                                 | Vehicle Adaptations                                    | *            | \$ 15,000.00      |

\* Billing procedures are in the specific CAP manual.

Providers must bill their usual and customary charges.